

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL  
OF THE CITY OF NORTH MIAMI, FLORIDA,  
AUTHORIZING THE ISSUANCE OF A CARNIVAL  
PERMIT ALLOWING FOR THE OPERATION OF MORE  
THAN THREE (3) AMUSEMENT RIDES TO ST. JAMES  
CATHOLIC CHURCH; PROVIDING FOR AN EFFECTIVE  
DATE AND FOR ALL OTHER PURPOSES.**

**WHEREAS,** St. James Catholic Church has submitted an application for a carnival permit for a festival consisting of rides, food booths, games and arts and crafts to be held February 6-9, 2014; and

**WHEREAS,** the application includes a plan of operation detailing the number and types of rides and games to be provided as required by section 11-60 of the city code; and

**WHEREAS,** additionally, a plot plan demonstrating the layout of the amusement rides is illustrated in the plan of operation; and

**WHEREAS,** St. James Catholic Church will collaborate with the North Miami Police Department to coordinate a plan for the evacuation of all persons from the amusement location area in the event of accident as well as for the cleaning and restoration of the area at the conclusion of the festival; and

**WHEREAS,** the Mayor and City Council wish to authorize the issuance of a carnival permit allowing for the operation of more than three (3) amusement rides to St. James Catholic Church.

**NOW THEREFORE, BE IT DULY RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA:**

**Section 1. Approval and Issuance of Carnival Permit.** The Mayor and City Council of the City of North Miami, Florida, hereby, approve and issue a Carnival Permit allowing for the operation of more than three (3) amusement rides to St. James Catholic Church.

**Section 2. Effective Date.** This Resolution shall become effective immediately upon adoption.

**PASSED AND ADOPTED** by a \_\_\_\_\_ vote of the Mayor and City Council of the City of North Miami, Florida, this \_\_\_\_\_ day of January, 2014.

\_\_\_\_\_  
LUCIE M. TONDREAU  
MAYOR

ATTEST:

\_\_\_\_\_  
MICHAEL A. ETIENNE, ESQ.  
CITY CLERK

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY:

\_\_\_\_\_  
REGINE M. MONESTIME  
CITY ATTORNEY

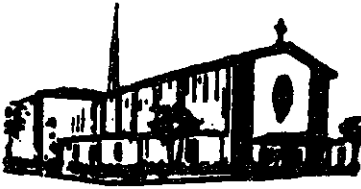
SPONSORED BY: CITY ADMINISTRATION

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

**Vote:**

Mayor Lucie M. Tondreau	_____ (Yes)	_____ (No)
Vice Mayor Scott Galvin	_____ (Yes)	_____ (No)
Councilperson Carol Keys	_____ (Yes)	_____ (No)
Councilperson Philippe Bien-Aime	_____ (Yes)	_____ (No)
Councilperson Marie Erlande Steril	_____ (Yes)	_____ (No)



## *St. James Catholic Church*

540 N.W. 132ND STREET • MIAMI, FLORIDA 33168  
TEL. (305) 681-7428 • FAX (305) 685-0631



January 8, 2014

Mr Stephen E. Johnson  
City Manager  
776 NE 125<sup>TH</sup> Street  
North Miami, Fl 33161

Dear Mr Johnson,

The Annual festival for St James Catholic Church is scheduled for February 6, 7, 8, 9, 2014. We are therefore requesting to be on the agenda to appear before the City Council at the next available date.

We will hold the festival on Church grounds and will consist of rides; provided by J & J Amusements, food booths, games and Arts and Crafts. The entire proceeds will be used for Church and School projects.

Thanking you in advance for your permission to appear before City Council.

Sincerely Yours,

  
Rev. Msgr Jean Pierre  
Pastor

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/10/14

PRODUCER

Specialty Insurance LTD-T. Plouffe  
P.O. Box 16901  
West Haven, CT 06516

203-931-7095

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

John & Joyce Richardson dba  
J & J Amusements  
PO Box 485  
New Middletown, Ohio 44442

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: First Specialty Insurance Corporation

34916

INSURER B: National Indemnity Company of The South

20087

INSURER C: AMGUARD Insurance Company

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	IRG 0006847 04	6/28/13	6/28/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	70APS043783	9/10/13	9/10/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AGG \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	47-21873-13248 -075061	9/5/13	9/5/14	<input checked="" type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
					Date of Event: February 3-10, 2014

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Archdiocese of Miami; the Most Reverend Thomas Wenski, Archbishop &amp; Saint James Catholic Church &amp; School are added as an additional insured but only with respects to the operations of the named insured during the policy period.

## CERTIFICATE HOLDER

Saint James Catholic Church & School  
540 NW 132 Street  
North Miami, FL 33168  
Fax 305-685-0631

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Thomas A. Plouffe

CITY OF NORTH MIAMI  
APPLICATION FOR CARNIVAL PERMIT  
776 N.E. 125 STREET

1. Date: JANUARY 8, 2014  
2. Organization Name: ST JAMES CATHOLIC CHURCH  
3. Organization Address: 540 NW 132<sup>ND</sup> STREET - N. MIAMI FL 33168  
4. Organization Phone No.: 305 681 7428  
5. Name and Address of Applicant or Officers: \_\_\_\_\_

NAME	TITLE	ADDRESS CITY/ZIP	PHONE NO.
MSGR JEAN PIERRE	PASTOR	540 NW 132 STREET	786 417 9594
REV. IVAN TOLEDO	ASS. PASTOR	540 NW 132 STREET	305 681 7428

6. Name and Address of Person or Persons who will manage, control or direct the carnival to be transacted in the City of North Miami:

JOHN A. RICHARDSON - J&J AMUSEMENTS - P.O. BOX 485 NEW MIDDLETON 04440  
REV. MSGR JEAN PIERRE - 540 NW 132 ST - N. MIAMI FL 33168

7. Scope of Carnival: THE CARNIVAL IS HELD TO RAISE FUNDS FOR THE SCHOOL FACILITY AND OTHER CHURCH PURPOSES  
IT ALSO SERVES AS AN ANNUAL GATHERING FOR PARISH MEMBERS AND THE PEOPLE WITHIN THE COMMUNITY AREA

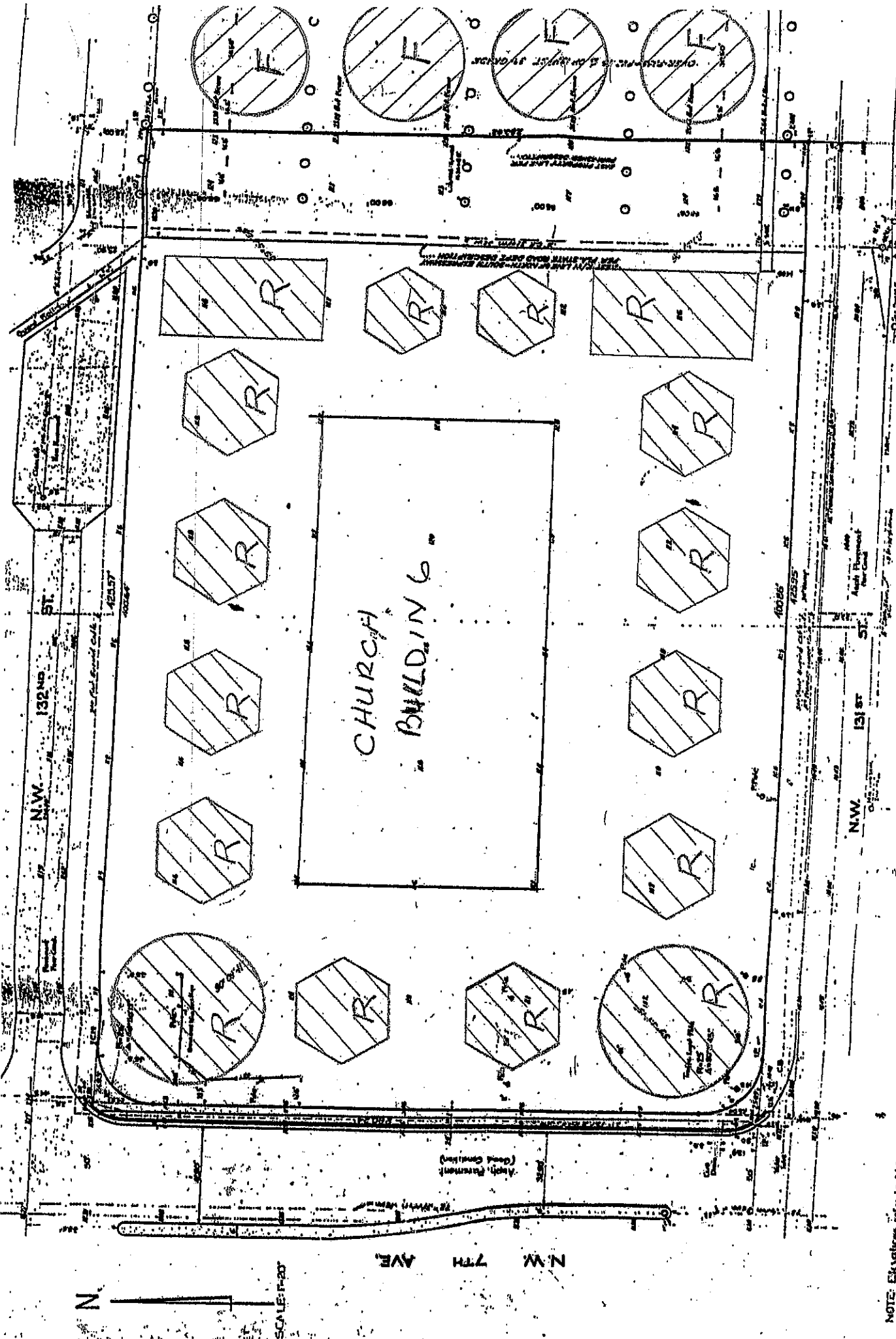
8. Dates of Carnival: FEB 6-7-8-9, 2014  
9. Hours of Carnival: THURS 6-10PM, FRIDAY 6-11PM, SAT 3-11PM, SUNDAY 3-10PM

9. Letter of Request: YES  
10. Site Plan: YES  
11. Insurance Obtained: YES

ST JAMES CATHOLIC CHURCH

BUSINESS NAME

  
APPLICANT OR AUTHORIZED AGENT



# **SURVEY**

OF A PORTION OF TRACT 4 OF THE AMENDED PLAT  
OF PORTIONS OF NILEARN AND AVONDALE ACCORDING TO  
PLAT BOOK 49 PAGE 19 OF THE PUBLIC RECORDS OF DADE CO  
FLORIDA

I hereby certify that the attached plat  
represents a true and correct survey  
131 55 N.W. 7th Ave  
Sub: Series

NOTE: Easements refer to MSL 25C (GS) Dab...

City of Dade